

# **ARKANSAS DEVELOPMENT FINANCE AUTHORITY**



## **Neighborhood Stabilization Program (NSP)**

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### **Single Family (Homebuyer) Program**



**2009**

**INSTRUCTIONS  
FOR  
SUBMITTING PROGRAM APPLICATIONS**

All single-family applications for Neighborhood Stabilization Program (NSP) Funds must use the following instructions for submitting an Application. All applications must be submitted in the required format.

1. Submit one (1) signed original application, together with supporting documents. Submit application to:

**Arkansas Development Finance Authority  
Neighborhood Stabilization Program  
Post Office Box 8023  
Little Rock, Arkansas 72203**

2. A copy of the application, along with a completed Federal Form 424, must also be submitted to the State Clearinghouse. If the applicant is not a state agency, a copy of this same information must also be submitted to the appropriate Area-wide Clearinghouse.  
**The address of the State Clearinghouse is:**

**Arkansas Dept. of Finance & Administration  
State Clearinghouse  
1515 Building, Room 417  
Little Rock, Arkansas 72201**

3. Please retain a copy of the full application for your files.
4. Answer all questions. If not applicable to your program, mark "NA."
5. Use and include application checklist.
6. **ONLY MATERIALS** submitted on the enclosed forms (or copies of the forms) will be accepted for review. Others will be returned. Use only forms provided and additional sheets as necessary. Failure to comply may result in disqualification.
7. Incomplete applications will be returned and may result in disqualification.
8. Nonprofit organizations without housing development experience must include a copy of the consultant's qualifications.
9. Secure application with a binder clip -- do not insert application in any notebook, hardback cover or use Acco fasteners or any other permanent means of fastening.
10. Please do not submit a handwritten application (Please type)

## **PART I - APPLICATION CHECKLIST**

**Part I** of the application provides information about the entity (i.e., local jurisdiction, nonprofit, or developer) submitting the application.

Completed applications must include the following documentation and attachments. Check applicable boxes below or mark "NA".

**PLEASE NUMBER AND INCLUDE ATTACHMENTS IN THE ORDER LISTED BELOW:**

- ☐ Application for NSP Assistance
- ☐ Applicant Experience and Capacity
- ☐ Project Development Team Members
- ☐ Minority and Women's Owned Business Enterprise Plan (MBE/WBE)
- ☐ Criminal Background and Disclosure Form
- ☐ NSP Certification Form
- ☐ Copy of Funding Commitment Letters
- ☐ Completed Federal Form 424 (See ADFA website [www.arkansas.gov/adfa](http://www.arkansas.gov/adfa))
- ☐ Copy of City's Fair Housing Ordinance
- ☐ Copy of Section 3 Plan
- ☐ Copy of Affirmative Fair Housing Marketing Plan  
(See ADFA website [www.arkansas.gov/adfa](http://www.arkansas.gov/adfa))
- ☐ Cooperative Agreement, if applicable (joint applications only)
- ☐ Copy of Financial Statement(s)
- ☐ Copy of Most Recent Audit
- ☐ Community Support Letters (i.e., community organizations)
- ☐ Letter of Support from the Mayor or County Judge
- ☐ Request for Taxpayer Identification Number (IRS Form W-9)  
(See ADFA website [www.arkansas.gov/adfa](http://www.arkansas.gov/adfa))
- ☐ Contract and Grant Disclosure and Certification Form  
(See ADFA website [www.arkansas.gov/adfa](http://www.arkansas.gov/adfa))



## NSP PROGRAM APPLICATION FOR ASSISTANCE

### APPLICANT INFORMATION

Name of Entity: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

If Applicant's "physical address is different from the "mailing address", complete below:

Applicant's Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Federal Tax Identification #: \_\_\_\_\_ - \_\_\_\_\_

State Senate District #: \_\_\_\_\_ Congressional District #: \_\_\_\_\_

Development Type: ☐ Rehabilitation ☐ New Construction ☐ Reconstruction ☐ Demolition

Amount of NSP Funds Requested: \_\_\_\_\_

Legal Form of Applicant: (check only one):

☐ City ☐ County ☐ Non-Profit ☐ For Profit Developer ☐ Joint application

Applicant's Fiscal Year Ends: Month \_\_\_\_\_ Day \_\_\_\_\_ (e.g., June 30<sup>th</sup> or December 31<sup>st</sup>)

### CONSULTANT/ADMINISTERING AGENT INFORMATION (if applicable)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Taxpayer ID # (TIN): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Certification of Chief Elected Official or Chairman of the Board (Nonprofits and PHAs)

To the best of my knowledge and belief, all data contained in this application is true and correct and its submission has been duly authorized by the governing body. I understand that if the application is found to contain significant misinformation or deviates significantly from the integrity of the HOME application process, this application will be returned and could result in disqualification.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(ADFA HOME FORM 4000-98)

## APPLICANT EXPERIENCE AND CAPACITY:

Did the Applicant attend the NSP application training session provided by ADFA?

☐ No ☐ Yes

1. List representative(s) of the applicant that attended (List Name and Date of Workshop):

2. Provide details of your experience in developing, rehabilitating or managing affordable housing similar to the types of activities you will be undertaking with NSP funds

Housing Activities (Check all that apply):

- ☐ Rental Rehabilitation
- ☐ Owner-Occupied Rehabilitation
- ☐ Rental New Construction
- ☐ Single-family New Construction
- ☐ Homebuyer
- ☐ Other (explain)

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Housing Resources Utilized (Check all that apply):

- ☐ CDBG
- ☐ HOME
- ☐ LIHTC
- ☐ USDA-Rural Development
- ☐ State Weatherization Programs
- ☐ Section 8 Rental Assistance
- ☐ Other

3. ☐ Copy of Financial Statements/Audit for last three (3) years

a. Has your organization been cited for any audit findings/concerns within the last three (3) years? ☐ Yes ☐ No

b. If yes, have the findings/concerns been resolved? ☐ Yes ☐ No

4. List ADFA housing projects completed in last five (5) years (Use separate page, if necessary):

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## PROJECT DEVELOPMENT TEAM MEMBERS/RESPONSIBILITIES:

### PROGRAM ADMINISTRATOR and COMPLIANCE STAFF

Name: \_\_\_\_\_

Experience (# Years): \_\_\_\_\_

Inspection Trainings/Seminars (List below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PROJECT INSPECTOR (Note: Please do not list the ADFA Inspector)

Name: \_\_\_\_\_

Experience (# Years): \_\_\_\_\_

Inspection Trainings/Seminars (List below):

\_\_\_\_\_  
\_\_\_\_\_

### FINANCIAL MANAGER

Name: \_\_\_\_\_

Experience (# Years): \_\_\_\_\_

Role: \_\_\_\_\_

\_\_\_\_\_

### ARCHITECT/ENGINEER (if applicable)

Name: \_\_\_\_\_

Experience (# Years): \_\_\_\_\_

Has the architect or engineer been suspended from any ADFA programs? ☐ Yes ☐ No

Is the architect or engineer currently debarred from participating in federal programs? ☐ Yes ☐ No

### CONTRACTOR

Name: \_\_\_\_\_

\_\_\_\_\_

Experience (# Years): \_\_\_\_\_

Has the contractor been suspended from any ADFA programs? ☐ Yes ☐ No

Is the contractor currently debarred from participating in federal programs? ☐ Yes ☐ No

## MINORITY & WOMEN BUSINESS ENTERPRISES PLAN

Name of Agency or  
Organization:\_\_\_\_\_

Mailing Address: \_\_\_\_\_ Street: \_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
City ST Zip  
Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Policy Statement: The above agency (organization) is committed to fully support all possible participation of firms owned and operated by Arkansas Minority Business and Women Business Enterprises by establishing a goal to procure contracted goods and services from Arkansas Minority Business and Women Business Enterprises when expending NSP funds each fiscal year.

\_\_\_\_\_ is the Procurement Officer  
Name (please print)

to be responsible for administering this compliance plan.

Name of highest elected official (mayor, county judge, or chairman of the board of a non-profit)

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Supervisor of Procurement Officer Name - (person with oversight responsibility)

Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Strategies and Procedures to Comply with MBE & WBE

Procedures and initiatives that you should consider are as follows: (We are not suggesting that this form be followed verbatim because you may already have a system in place which accomplished the same thing. However, it is required that you implement these procedures and document initiatives to interact with MBE and WBE businesses.)

Projected Date Procedures or Initiatives are to be Implemented	Actual Date Implemented	
_____	_____	(1) Utilize Office of State Purchasing of the Department of Finance and Administration and Minority Business Development/AIDC, MBE & WBE Directories and develop a local list of MBEs/WBEs to use in specific communities.
_____	_____	(2) Attend and/or participate in local Economic Development Meetings at least once annually during the fiscal year in which NSP funds are used to seek minority vendors.
_____	_____	(3) Provide names and addresses of local minority business to Business Development Division/AIDC and the Office of Purchasing, which are not on their lists.
_____	_____	(4) Work with local organizations to seek MBE and WBE to purchase products, services, i.e., churches, NAACP, Business and Professional Women's Association, Chamber of Commerce, related organizations, etc.
_____	_____	(5) Hold monthly meetings with appropriate staff to discuss accomplishments and promote increased efforts to utilize MBE and WBE.
_____	_____	(6) Develop list of common goods and services that known MBE and WBE can provide, i.e., contractors, lenders, realtors, legal consultants, specialty contractors such as plumbers, electricians, roofers, landscapers, etc., and discuss with staff regularly.
_____	_____	(7) Have available for MBEs and WBEs a list of products and services normally let to bid.
_____	_____	(8) Publish statement of public policy and commitment to affirmative marketing to MBEs/WBEs in the print media of widest local circulation. Retain copy in file.
_____	_____	(9) Place ads or announcements in local print and/or electronic media to market and promote contract and business opportunities for MBEs/WBEs. Clip and retain copy in file.
_____	_____	(10) Notify MBEs/WBEs by direct mail of all awards or agreements for projects involving five or more units. Describe activity and number of units to be developed giving name, address of owner, manager or sponsor.
_____	_____	(11) Include any other procedures that the agency deems necessary to comply with the goals and objectives of the compliance plan.



**MBE/WBE Purchasing Goals in Dollars**

Projected Total NSP Funds to be Expended: \$ \_\_\_\_\_

Projected Percent \_\_\_\_\_% and Dollar Amount \$\_\_\_\_\_ for MBE/WBE services and products.

Actual Total NSP Funds Expended: \$\_\_\_\_\_

Percent \_\_\_\_\_% and Dollar Amount \$\_\_\_\_\_ awarded for MBE/WBE services and products.

Comments, Notes or Problems Meeting MBE/WBE Goals:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

## CRIMINAL BACKGROUND and DISCLOSURE FORM - HOUSING

In connection with NSP applications submitted to the Arkansas Development Finance Authority by \_\_\_\_\_ requesting NSP Funds for the  
(Name of Applicant)

development of \_\_\_\_\_, I,  
(Name of Development/Project)

\_\_\_\_\_, on behalf of \_\_\_\_\_  
(Name) (Name of Development Team Member)

being duly sworn, hereby certify that I or any principal<sup>1</sup> of

\_\_\_\_\_:   
(Name of Development Team Member)

1. have not been convicted by any state or federal jurisdiction of any felony.

or

have been convicted by a state or federal jurisdiction of a felony and the following details are provided:

Jurisdiction	Date	Offense	Punishment	Details

2. have not been fined, suspended, or debarred as a result of any financial, performance or housing activity by any state or federal agency.

or

have been fined, suspended, or debarred as a result of any financial, performance or housing activity by a state or federal agency and the following details are provided:

Agency	Date	Details

## DEVELOPMENT TEAM MEMBER DISCLOSURE FORM

<sup>1</sup> If the development team member is a partnership, association, limited liability company, or corporation, "principal" shall include: it's general partner(s), managing member(s), or any person who has at least a ten percent (10%) ownership interest in any ownership entity of such partnership, association, limited liability company or corporation.

(continued)

3. have not filed for bankruptcy or reorganization.

or

have filed for bankruptcy or reorganization and the following details are provided:

Jurisdiction	Date	Details

4. do not have any outstanding, uncorrected noncompliance issues with any state or federal housing program or agency.

or

do have outstanding, uncorrected noncompliance issues with a state or federal housing program or agency and the following details are provided:

Agency	Date	Details

5. do not have any existing contracts or indebtednesses with the Arkansas Development Finance Authority.

or

do have the following existing contracts or indebtednesses with the Arkansas Development Finance Authority:

Date	Borrower	Details

6. do not have any prior delinquent, defaulted or foreclosed upon contract, loan or indebtedness with the Arkansas Development Finance Authority:

or

do have the following existing contracts or indebtednesses with the Arkansas Development Finance Authority:

Date	Borrower	Details

I, \_\_\_\_\_, in my capacity as \_\_\_\_\_  
(Name) (Title/Position with Development Team Member)

further certify that I have the authority and knowledge to make the representations contained herein.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Title/Position with Development Team Member: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Printed/Typed Name)

\_\_\_\_\_

**DEVELOPMENT TEAM MEMBER DISCLOSURE FORM**  
(continued)

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )

Before me, \_\_\_\_\_, a  
Notary Public of the state and county stated above, personally appeared  
\_\_\_\_\_, with whom I have personal  
knowledge, and who, upon oath , acknowledged that \_\_\_he executed the forgoing instrument for  
the purposes stated therein.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

My Commission Expires:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

## NSP CERTIFICATION

The undersigned is responsible for ensuring that the project complies with the Housing and Economic Recovery Act (HERA)(Public Law 110-289). The undersigned is also responsible for ensuring that the project or program complies with administrative rules that the Arkansas Development Finance Authority (ADFA) may promulgate to govern the Program.

The undersigned hereby makes application to ADFA for NSP Program funds. The undersigned agrees that ADFA will at all times be indemnified and held harmless against all losses, costs, damages, expenses and liabilities whatsoever their nature or kind (including, but not limited to attorney's fees, liquidation and court costs, amounts paid in settlement, and amounts paid to discharge judgment) directly or indirectly resulting from, arising out of, or related to acceptance, consideration and approval or disapproval of such funding request.

To the greatest extent feasible, opportunities for training and employment arising in connection with the planning and implementation of any project under any program of ADFA shall be given to minority individuals and women. To the greatest extent feasible, and consistent with Arkansas and Federal Law, contracts for work to be performed in connection with any project under any program of the NSP Program shall be made available and awarded to businesses, including but not limited to those in the fields of finance, planning, consulting, design, architecture, marketing, building construction, property management and/or maintenance, which are owned, in whole or in part, by minority individuals and/or women, and low income residents of the area.

Any project under any program of ADFA shall be affirmatively marketed and available for occupancy by all persons regardless of race, national origin, religion, creed, sex, age, handicap, or family status. The undersigned will document the actions taken to affirmatively further fair housing.

The implementation of any project under any program of ADFA shall minimize the involuntary displacement of low-income households. Your signature on this pre-application indicates your receipt of this statement and your agreement to comply with ADFA's non-displacement in housing policy. You further agree to conform to the policy in every phase of the planning, implementation and operation.

Your signature below will indicate your receipt of this statement and agreement to comply with ADFA's equal employment opportunity and non-discrimination policies. Your signature will also indicate your understanding that ADFA's willingness to issue a commitment to you for NSP Program funds is conditioned upon your agreement to comply with these policies.

The undersigned, as the authorized representative certifies that upon receiving NSP funds for the construction, acquisition, preservation or management of a NSP assisted project that first preference for the occupancy of said project will be given to victims of federal or state designated disaster areas.

The undersigned, as an essential part of the application for allocation of NSP Program funds hereby certifies that the information contained herein is true to the best of the undersigned's knowledge and belief. Falsification of information supplied in this application may disqualify the project for NSP Program funds. The information given by the sponsor may be subject to verification by ADFA.

The sponsor has caused this document to be duly executed in its name on this day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Organization Name

By: \_\_\_\_\_  
Authorized Name/Title

\_\_\_\_\_  
Signature